Application Number Filing Date **CLAIMS ONLY** Applicant(s) 6/15/05 \* May be used for additional claims or amendments AFTER FIRST AMENDMENT CLAIMS AS FILED AFTER SECOND AMENDMENT Depend Indep Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend -16 .66 .74 .35.. ...36 87.\*\* 88. 38. 90. -40--44--- -96- --46-Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

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